

- Please do not put your phone on hold
- Use the chat box to ask your questions; We will be compiling a Q&A document once we have all the answers
- ▶ If we have time at the end of the presentation we may be able to address some of your questions then

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NC Public Health Nursing



## Coding & Billing Guidance Document

UPDATES FROM
JUNE 2018 VERSION 9

- Refer to Tracking Sheet for all changes
- Additions and deletions are in the same color/highlight for easy reference
- Version 10 will be published in September 2018
- Next webinar to review updates is scheduled for October 24<sup>th</sup> and 25<sup>th</sup>

### General Updates pgs 11 & 33

- Use of NDC identifiers when billing/reporting 340b drugs/devices and Immunizations:
- Excerpt from NC Tracks Bulletin March 29, 2018:
  - submit the proper NDC that corresponds to the physicianadministered LARCs and Vaccines
  - new pricing is based on a procedure code/NDC match.
  - If the procedure code/NDC combination is not found, the claim line will deny and post EOB 02047: "RATE NOT FOUND. CONTACT THE M&S HELPDESK AT (1-800-591-1183) or email at ncpharmacy@mslc.com

# Offering "free" services to employees pg 11

- A County Health Department <u>may not</u> offer services to Health department employees free of charge if they charge all other clients, including other county employees.
- If county government contracts with the HD to provide an "employee clinic for acute care and or preventive care" then the HD can work out a contract with the county on how the county wants to compensate the HD for the care they provide.

### Will Medicaid pay for 2 preventive physicals within 365 days? pg 11

- The child Medicaid beneficiary (0-up to 21) can get a FP and a EP well child physical both within 365 days
- An adult Regular Medicaid beneficiary may get a FP and an AH physical,
  - as long as only one of the 2 physical assessments has a modifier.
  - There is no modifier for Adult Health annual assessment therefore submission of **two** AH physicals within 365 days would cause the last service to reject.

## Billing for Privately Purchased Vaccines pg 37

- Purchased vaccines (not required by Agreement Addenda) may be coded to Immunization program so that you can recoup your cost.
- Vaccine inventory and purchasing policies should describe the process as to what program type to code the services.
- LHDs must inform the client of any charges before the service.
- Purchased vaccines, and their administration, may be charged to insurance or the client and are not subject to any SFS.

# Maternal Health begin pg 54

### Encounter Forms pg 56

- All services provided should be indicated on the Encounter Form whether reportable or billable
- Due to edits/audits related to the National Correct Coding Initiative
  - The practice of billing a 99211, "establishes" the client
  - A subsequent office visit can only be billed using an established client Evaluation/Management (E/M) code

## Standing Orders pg 56

- Must follow the North Carolina Board of Nursing (NCBON) template, found at the Public Health Nursing website
  - http://www.ncpublichealthnursing.org/ publications.htm
- Orders must be in place for a nurse to provide and/or order medical services

## Standing Orders/billing

- The only level of E/M service that may be billed by an RN (in Maternal Health) is 99211 (except ERRNs)
- When billing third party payors, other than Medicaid
  - Ensure compliance is being met with the guidelines consistent with the specific insurer's supervision and "incident to" definitions

## Enhanced Role Registered Nurses (ERRN)

- ERRNs must be in compliance with training & rostering
- Unlike other ERN programs, the Women Health Branch currently does not have a re-certification mechanism in place. Therefore, all currently rostered FP and MH ERNs must fulfill their yearly 100 clinical hours and their 10 continuing education FP/MH contact hours, or they will lose their ERN privileges.
- CE hours must equal or be more than 10 hours per year
- Clinical Contact hours must equal or be more than 100 hours per year
- One contact hour = 60 minutes or one clock hour for instruction or participation
- CE credit must be relevant to FP and MH topics

If you are rostered as both a FP ERN and MH ERN, you will need to complete this re-rostering requirement once for FP and once for MH

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## Lead Screening pg 61

- If the client agrees to testing, staff will facilitate the following steps for collecting a venous blood lead specimen for analysis at the NC State Laboratory of Public Health (NCSLPH).
  - This is a cost-free service for only those clients who seek prenatal care through the health department.
  - ► The LHD should include the client's Medicaid # on the requisition form. NCSLPH does not have the capability to bill private insurance; The Health Department does not bill for this procedure but should report using CPT code 83655 with a -90 modifier
  - Currently, the cost of uninsured client testing is covered by the revenues generated from Medicaid. The NCSLPH will continue to assess cost recovery on an annual basis.

## Pregnancy Medical Home (PMH) pg 61

- The PMH provider must be eligible to bill NC Medicaid for obstetric services.
- Case Management services are provided for all pregnant Medicaid beneficiaries who are determined to be high-risk and qualify for services.
- To allow the PMH to stay abreast of PMH beneficiary medical needs, DMA's designated vendor shall provide the PMH alerts, including: emergency department (ED) visits, visits to a specialist, missed appointments, and etc.

http://files.nc.gov/ncdma/documents/files/ 1E6\_1.pdf

## Clarification of Billing Scenario pg 65

- Client received BTL at the time of delivery or within 60 days postpartum; returns to the LHD within 60 days of delivery for the postpartum visit in either Family Planning or Maternal Health clinic.
- Health Department billed using package code therefore, bills 59430 for the postpartum package and \$0281 for the PMH postpartum incentive, along with diagnosis code Z39.2.
- Service must be billed under the rendering physician name on the Pregnancy Medical Home contract with Community Care of NC (CCNC).

### Depression Screening pg 72

- Screenings should be performed 1x each trimester <u>and</u> postpartum.
- Screenings can also be performed/billed in addition to the above prescribed when indicated and with supportive documentation
- Standing orders are required for an RN to perform Depression Screenings.

#### Patient Health Questionnaire

- Screening questions that are presently used in the State Maternal Health Form DHHS 3963C-1
- If positive, then a PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) <u>must</u> be completed
- Screening questions are not required if the agency chooses to use the PHQ-9 or another validated depression screening tool
- Screening questions cannot be billed

#### PHQ-2 (validated tool)

- If positive, then a PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) <u>must</u> be completed
- PHQ-2 is not required if the agency chooses to use the PHQ-9 or another validated depression screening tool
- PHQ-2 cannot be billed

#### PHQ-9

Bill on the date of service using CPT code 96127

#### Edinburgh Postnatal Depression Scale (EPDS)

- Can be used during both the antenatal, but <u>preferred</u> during the postpartum period
- Postpartum agency visit can occur in either
  - Maternal Health
  - ► Family Planning
- The comprehensive postpartum visit reimbursement includes depression screening with a validated tool.
- Depression screening may be billed in addition to the postpartum package, global and incentive codes
- Depression screening is only reimbursable if completed in an agency setting

## Therapeutic Injection- 17P pg 74

- Agency plans to bill PNC using a package or global code for OB services
- During the course of prenatal care a provider E/M office visit is conducted the same day as a therapeutic injection administration, The office visit should be billed as follows:
  - Report the office visit (CPT codes 99212 99215) with an OB modifier
  - Bill the therapeutic injection CPT code 96372
  - Bill the specific medication HCPCS code:
    - ▶ 17P J1726 (may only be used for Makena® if the medication has been purchased by the agency; billed per 25 units/10mg unit) and
    - ▶ 17P J3490 (may only be used for Compounded at pharmacy if the medication has been purchased by the agency; billed per 1 unit/250mg) and
    - ▶ Makena®
      - ► HCPCS code J1726 and
      - The National Drug Code (NDC)

## Therapeutic Injection Delalutin (17P) pg 75

#### **Delalutin®**

- ► HCPCS code J3490 (same HCPCS as Compounded 17-P)
- ▶ 17-P Used only for the treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV); in the management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology, such as submucous fibroids or uterine cancer; as a test for endogenous estrogen production and for the production of secretory endometrium and desquamation.
- https://ncdma.s3.amazonaws.com/s3fspublic/documents/files/Medicaid Bullet in 2016 09.pdf (begin pg 35)

# Additional program guidance & resources pg 76

- For additional program guidance please contact the Regional Nurse Consultant (RNC) or visit the program website at <a href="http://whb.ncpublichealth.com">http://whb.ncpublichealth.com</a>.
  Additional guidance on coding & billing is contained in the following guidance:
- Maternal Health Billing/Coding Webinar, May 12, 2017 <a href="http://whb.ncpublichealth.com/provPart/training.htm">http://whb.ncpublichealth.com/provPart/training.htm</a>
- NC Public Health Nursing Coding & Billing Guidance Document, Updates from 03/2018, version 8.

http://publichealth.nc.gov/lhd/docs/CodingBillingGuidanceDocumentUpdateMarch2018-v8.pdf

# Family Planning begin pg 77

### Title X-Collections and Debt Set-Off pg 77

Q. Agencies have asked us if it's okay to send clients 'information to collection agencies and/or debt set-off, and how to handle confidential clients.

A. Yes, it is generally permissible for an agency to refer clients to collection agencies and/or debt set-off

However, "confidential" clients/clients should only be referred to Debt Collections and/or Debt Set-off, if the Grantee, and/or it's subrecipients (including service sites) can ensure that the client's "confidential" status will NOT be compromised by going through the Debt Collection or Debt Set-off process. If "confidentiality" cannot be guaranteed, a "confidential" client should NOT be referred to Debt Collections and/or Debt Set-off.

## Free Pregnancy Testing pg 78

Q: May a county provide free pregnancy tests and still bill Medicaid?

A: A county may decide to offer pregnancy test at no cost to a certain subpopulation of clients and still bill Medicaid. The process to carry this out is through a manual discounting of the service to zero on the sliding fee scale. I've offered an example of acceptable wording for a policy. There are 2 options

#### Policy:

In order to identify teens in need of family planning services and subsequently enroll them in care and/or to identify teens early in pregnancy to enroll in prenatal care the fee associated with pregnancy testing will be discounted to zero for those xx years of age and under. Local funding will be used to cover the cost of the service or discount the pregnancy test to zero for to all women without insurance or Medicaid.

#### Procedure:

- Manually override the sliding fee scale and discount the service to zero for all clients xx and under, regardless of their insurance or Medicaid status. (do not bill third party ins. Or Medicaid)
- The rule here is the county cannot charge one 18-year-old "0" and turn around and bill Medicaid for the next 18 yr. old that shows up. It will have to be consistently applied to all ages X and under, whatever they determine that age to be, **or**
- They could also just decide to discount the pregnancy test to zero for to all women without insurance or Medicaid.

## Telemedicine Telepsychiatry pg 112

99201	99241
99202	99242
99203	99243
99204	99244
99205	99245
99211	99251
99212	99252
99213	99253
99214	99254
99215	99255

## Allowable codes for LHD to bill

### Newborn Screening price increase

- Memo from SLPH June 19, 2018
- Price increasing from \$44.00 to \$128.00
- Locals are not able to bill for this service.
- If the client has Medicaid you can include the information on the SLPH requisition.
- Otherwise use program funds to cover the cost

# LARC's, Vaccines & NDCs

## New Pricing Methodology & NDCs for LARCs and Vaccines (Medicaid Special Bulletin March 29, 2018)

NDC is the national drug code. It is a 10 digit number unique to the drug it is assigned. Each NDC contains 3 segments that identifies the labeler, product, and trade package size.

- The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures (including repackers or relabelers) or distributes (under its own name) the drug.
- The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm.
- The third segment, the package code, identifies package sizes and types. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.

<u>Primary package</u>: The container (i.e. vial or syringe) that holds the vaccine. This is generally referred to as the vaccine's <u>Unit of Use</u>.

Since the NDC is limited to 10 digits, a firm with a 5 digit labeler code must choose between a 3 digit product code and 2 digit package code, or a 4 digit product code and 1 digit package code.

Thus, you have either a 5-4-1 or a 5-3-2 configuration for the three segments of the NDC. Because of a conflict with the HIPAA standard of an 11 digit NDC, many programs will pad the product code or package code segments of the NDC with a leading zero instead of the asterisk.

Since a zero can be a valid digit in the NDC, this can lead to confusion when trying to reconstitute the NDC back to its FDA standard.

 Example: 12345-0678-09 (11 digits) could be 12345-678-09 or 12345-0678-9 depending on the firm's configuration.

In most cases, there are separate NDCs for the Unit of Use (primary) and Unit of Sale (secondary) packaging of a vaccine. That is, the syringe that contains the vaccine has one NDC and the carton of 10 syringes has a different NDC.

<u>Secondary package:</u> The container or packaging that holds the primary packaging. For example, a carton of 5 syringes. This is generally referred to as <u>Unit of Sale</u> or a saleable unit.

Some vaccines (primary package) contain multiple components (e.g. lyophilized agent and diluent agent). The individual components of a multi-component vaccine are each assigned a unique NDC. The NDCs of the individual components differ from the NDC of the secondary packaging.

Each of these component packages (unit of use) will be linked to the unit of sale package.